

GILLESPIE FUNERAL HOME

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

State File No. 45279

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia			
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home				d. STREET ADDRESS (If rural, give location) 1009 West 3rd Street			
3. NAME OF DECEASED (Type or Print) a. (First) RAPHAEL		b. (Middle) VALENTINE		c. (Last) DENNY, SR.		4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 1, 1873	
9. AGE (In years less birthday) 84		10. UNDER 1 YEAR Months Days		11. UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming & Stock		11. BIRTHPLACE (State or foreign country) Pettis Co., Washington Twsp., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Raphael Denny		13b. MOTHER'S MAIDEN NAME Maria Ellen Ashby		14. NAME OF HUSBAND OR WIFE Mary E. English			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ike Warren, 1009 W. 3rd, Sedalia, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis & Myocardia Degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1, 1956, to 12/25, 1957, that I last saw the deceased alive on 12/25, 1957, and that death occurred at 5:30 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. L. Holden		23b. ADDRESS 1116 W. 3rd Sedalia Mo.		23c. DATE SIGNED 12/27/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 28, 1957		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 12-27-57		REGISTRAR'S SIGNATURE Frances Shelby		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Beckert		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MACDONALD

working under my personal supervision. Student Emblem No.

Signed

P. O. Address Sedalia, Mo.

If this body is not embalmed, fact should be so stated above.